POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT	2	8-1-00 8-4-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	W2	64830 71476	9-26 2/4/01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim (Final / Original)	Date	Claim (Final / Original)	Date	Claim (Final / Original)	Date
1	✔	51		101	
2	✔	52		102	
3	✔	53		103	
4	✔	54		104	
5	✔	55		105	
6	✔	56		106	
7	✔	57		107	
8	✔	58		108	
9	✔	59		109	
10	✔	60		110	
11	✔	61		111	
12	✔	62		112	
13	✔	63		113	
14	✔	64		114	
15	✔	65		115	
16	✔	66		116	
17	✔	67		117	
18	✔	68		118	
19	✔	69		119	
20	✔	70		120	
21	✔	71		121	
22	✔	72		122	
23	✔	73		123	
24	✔	74		124	
25	✔	75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)